



MEDICAL CLAIMS CONCILIATION PANEL  
OFFICE OF ADMINISTRATIVE HEARINGS  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the Claim of

Claimant(s),

vs.

Respondent(s).

MCCP No. \_\_\_\_\_

REQUEST FOR APPROVAL TO SUBMIT  
CLAIM TO AN ALTERNATIVE  
DISPUTE RESOLUTION PROVIDER

**REQUEST FOR APPROVAL TO SUBMIT CLAIM  
TO AN ALTERNATIVE DISPUTE RESOLUTION PROVIDER**

The undersigned parties, and/or attorneys or representatives of the parties in the above-captioned matter, respectfully request that the Director of the Department of Commerce and Consumer Affairs, approve the submittal of the above-referenced Medical Claims Conciliation Panel claim to \_\_\_\_\_, an alternative dispute resolution provider, for disposition pursuant to Hawai'i Revised Statutes §671-16.6 (2003).

DATED: Honolulu, Hawai'i, \_\_\_\_\_.

As \_\_\_\_\_

As \_\_\_\_\_

As \_\_\_\_\_

As \_\_\_\_\_

- [ ] The request to submit the claim to an alternative dispute resolution provider is granted.  
[ ] The request to submit the claim to an alternative dispute resolution provider is denied.

DATED: Honolulu, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
MARK E. RECKTENWALD  
Director